

CDI

Children's Depression Inventory



A measure of depressive symptoms in young persons

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Self-Report, 27 items; 10 items for CDI Short

Ages 7–17 years

15 minutes administration time; 10 minutes for CDI Short

B Level User Qualification

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Aim

Clinicians and researchers alike have struggled for years with the problem of detecting depression in children and adolescents. Self-rated depressive symptom inventories have long played a role in the assessment of depression in adults because of their ease of administration, descriptive purposes, and ability to quantify the severity of the depressive syndrome. Children's Depression Inventory was developed in response to the corresponding assessment needs for school-aged children and adolescents.

CDI is a reliable and well tested symptom-oriented scale that measures symptoms of depression in young persons. As such, CDI can be used as part of a routine screening procedure in a number of settings including schools, outpatient/inpatient clinics, residential treatment centers, special education, child guidance clinics, child psychiatric, medical pediatric, and other clinical and non-clinical settings. Re-administration of CDI throughout treatment can provide essential evaluation information about the effects of the child's remediation program. CDI can be a very important tool for giving the clinician structured as well as normed information about the child.

The scale quantifies a range of depressive symptoms, including

- Disturbed Mood
- Hedonic Capacity
- Vegetative Functions
- Self-Evaluation
- Interpersonal Behaviors

The scale discerns young persons with the psychiatric diagnosis of major depressive or dysthymic disorder from those with other psychiatric conditions or normal school children. In addition, several items concern the consequences of depression in contexts that are specifically relevant to children (e.g., school).

CDI's sensitivity for detecting over time in depression make it an ideal measure for treatment progress, monitoring for quality assurance, and meeting managed care requirements.

User Qualification

CDI may be easily administered and scored by counselors, nurses, physicians, psychologists, social workers, and other trained professionals and paraprofessionals. A professional with advanced training in psychological assessment and professionals from related disciplines that adhere to relevant professional standards must assume responsibility for the use, interpretation, and communication of results. B-level qualification requires that, as a minimum, the user has completed courses in tests and measurement at a university or has received equivalent, documented training.

Norming

CDI was developed and tested on a broad sample totaling over 1,200 subjects, inclusive of males and females. Students ranging from grades 2 through 8 were recruited from various public schools. The normative data is characterized as follows.

| Group | Number of Subjects | Age Range |
|-------|--------------------|-----------|
| Girls | 674 | 7–16 |
| Boys | 592 | 7–15 |

Based on the trends in the normative data and developmental differences found elsewhere in the literature (e.g., Weiss, Weisz, Politano, Carey, Nelson, & Finch, 1991), two groups were formed based on age: younger children ages 7–12, and older children ages 13–17. Separate norms were developed for boys and girls as well as for the two age groups. The CDI Manual documents specific demographic aspects of the sample.

Instrument

CDI is a 27-item rating instrument written at the lowest reading level of any measure of depression for children. Respondents are given a group of three sentences and asked to choose the one that best describes him or her in the past two weeks.

CDI presents five empirically developed factors. These are:

- Negative Mood
- Ineffectiveness
- Negative Self-Esteem
- Interpersonal Problems
- Anhedonia

The 10-item CDI Short (CDI-S) was developed to be an easily measured, effective tool for assessing depressive symptoms. CDI-S can be used when a quick screening measure is desired, when the examiner's time with the child is limited, or in other, similar situations.

Either the Long and Short forms will give comparable results, especially when the overall objective is the categorization of the child. The examiner might wish to use the full CDI when factor scores are desired, when a more detailed description of the child's depressive symptoms is indicated, or when more extensive clinical information is required. High scores on CDI are indicative of having a problem, while low scores indicate little or no problem.

Children's Depression Inventory

Format



CDI is available in the MHS QuikScore™ Form. This paper-and-pencil format is designed for easy recording, scoring, and profiling of responses. No scoring templates are necessary: the respondent's answers automatically transfer through to the concealed scoring page.

Software CDI versions are also available. For computer-based and web-enabled assessments, custom integration with your enterprise database, or site licensing arrangements, CDI is incorporated into MHS Professional Tool Suite, sophisticated software technology featuring SmartLink™, a client management program. For details about the capabilities and configuration possibilities of the MHS Professional Tool Suite, please refer to MHS Professional Tool Suite product brochure available from MHS.

CDI can also be launched from PsychManager™: Your Professional and Personal Organizer. CDI Windows™-based software enables you to administer and score CDI assessments automatically while the respondent is seated at the computer. Profile Reports as well as Comparison Reports are generated upon completion of either the Long or Short administration of the CDI.

Translations



Using our worldwide network of over 400 qualified translators with backgrounds in psychology and medicine, MHS develops accurate translations of assessments published by MHS as well as by other publishers. CDI is currently available in English, Spanish, French (Canadian), Italian, Japanese, Norwegian, Russian, Ukrainian, Afrikaans, Dutch, German, Hebrew, French (European), Hungarian, Lithuanian, Swedish, Spanish (European), Polish, Turkish, and South African English. For more information about the availability of CDI in languages other than English, please contact the MHS Translations Department.

Scientific Validation

Evidence of the CDI and Short CDI's strong support for reliability and validity has been established over many years of empirical research. This instrument is mature in the sense that there have been a number of fundamental psychometric studies. Further, CDI has demonstrated consistent correlations with various syndromes, other scales, and replicated predictive relationships.

Detailed data are presented in the Technical Manual, including

- Scale Construction
- Temporal Reliability, Internal Consistency, Reliability & Test-Retest Reliability
- Discriminant Validity and Concurrent Validity
- Gender and Age Effects
- Sensitivity to Change

Added to this, a series of three case studies serve as concrete examples of CDI's applicability in clinical settings.

Supportive Literature

Literally hundreds of published research studies have used CDI to evaluate some facet of child problem behavior; the following are just a few.

Helsel, W. J., & Matson, J. L. (1984). The assessment of depression in children: The internal structure of the Child Depression Inventory (CDI). *Behavior Research and Therapy*, 22(3), 289–298.

Hodges, K. & Craighead, W. E. (1990). Relationship of Children's Depression Inventory factors to diagnosed depression. *Psychological Assessment*, 2(4), 489–492.

Finch, A. J., Saylor, C. F., Edwards, G.L., & McIntosh, J. A. (1987). Children's Depression Inventory: Reliability over repeated administrations. *Journal of Consulting and Clinical Psychology*, 16(4), 339–341.

Fauber, R., Forehead, R., Long, N., Burke, M., & Faust, J. (1987). The relationship of young adolescent Children's Depression Inventory (CDI) scores to their social and cognitive functioning. *Journal of Psychopathology and Behavioral Assessment*, 9(2), 161–172.

Doerfler, L. A., Felner, R. D., Rowlison, R. T., Raley, P. A., & Evans, E. (1988). Depression in children and adolescents: A comparative analysis of the utility and construct validity of two assessment measures. *Journal of Consulting and Clinical Psychology*, 56(5), 769–772.